

TOWN OF DAVIE
TOWN COUNCIL AGENDA REPORT

TO: Mayor and Councilmembers

FROM/PHONE: Manny Diez, Public Works / Capital Projects Director, (954) 797-1245

PREPARED BY: Daniel J. Oyler, Assistant Public Works Manager, (954) 797-1840

SUBJECT: Resolution

AFFECTED DISTRICT: All

ITEM REQUEST: Schedule for Council Meeting

TITLE OF AGENDA ITEM: BID - A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA, AUTHORIZING THE APPROPRIATE TOWN OFFICIALS TO ACCEPT THE BID RECOMMENDATION FOR AIR CONDITIONING AND REFRIGERATION SERVICE.

REPORT IN BRIEF: The bid was advertised state-wide in Florida Bid Reporting, Nationally in Bid Net, and also posted on the Town's website. The Town sent out thirty one (31) bids for Air Conditioning and Refrigeration Service. The Town received seven (7) bid responses for this service and one (1) no bid response. The recommendation is for Air Doctor as the Primary Contractor and Advanced Roofing as the Secondary Contractor as they were lowest responsive and responsible bidders respectively.

PREVIOUS ACTIONS: None

CONCURRENCES: The recommended award had been reviewed by the Public Works Department and the Bid Specification Committee, whom concur with the decision to award the bid to Air Doctor and Advanced Roofing

FISCAL IMPACT: Yes

Has request been budgeted? Yes

If yes, expected cost: Dependent upon Departmental usage

Account Name: Dependent upon using Department

RECOMMENDATION(S): Motion to approve the resolution.

Attachment(s): Resolution, Bid Recommendation, Procurement Authorization, Bid Opening Report and Corporation Information

RESOLUTION NO. _____

A RESOLUTION OF THE TOWN OF DAVIE, FLORIDA,
AUTHORIZING THE APPROPRIATE TOWN OFFICIALS TO
ACCEPT THE BID RECOMMENDATION FOR AIR CONDITIONING
AND REFRIGERATION SERVICES

WHEREAS, The Town is in need of Air Conditioning and Refrigeration Services for
various Town Departments; and

WHEREAS, The Town solicited sealed bids for Air Conditioning and Refrigeration
Services; and

WHEREAS, after review, the Town Council wishes to accept the bids from Air Doctor
as the Primary Contractor and Advanced Roofing as the Secondary Contractor

NOW, THEREFORE, BE IT RESOLVED BY THE TOWN COUNCIL OF THE TOWN
OF DAVIE, FLORIDA:

SECTION 1. The Town Council hereby accepts the bid from Air Doctor and
Advanced Roofing for Air Conditioning and Refrigeration Services, with the funds
coming from various departments, and the amount depending on department usage.

SECTION 2. The Town Council hereby authorizes the expenditures from
various accounts of the using Departments.

SECTION 3. The initial length of the contract will for a two (2) year period
with no option for renewal.

SECTION 4. This Resolution shall take effect immediately upon its passage and
adoption.

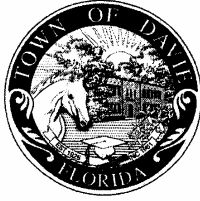
PASSED AND ADOPTED THIS _____ DAY OF _____, 2008.

MAYOR/COUNCILMEMBER

Attest:


TOWN CLERK

APPROVED THIS _____ DAY OF _____, 2008



PUBLIC WORKS DEPARTMENT
6901 ORANGE DRIVE, FLORIDA 33314
PHONE: 954.797.1240 • FAX: 954.797.1246 • WWW.DAVIE-FL.GOV

Memorandum

TO: Herb Hyman
FROM: Dan Oyler, Assistant Public Works Manager 
SUBJECT: Bid Recommendation for A/C Maintenance and Repair
DATE: April 30, 2008

The Public Works Dept. has reviewed the seven (7) bids that were received for A/C Repair and Maintenance and recommend the bid be awarded to a Primary and a Secondary Contractor as follows:

Primary Contractor	Air Doctor
Secondary Contractor	Advanced Roofing

BID OPENING REPORT

BID NAME: AC Maintenance and Repair

BID NUMBER: B-08-54

ESTIMATED COST: _____

RECEIVED

MAY 22 2008

TOWN OF DAVIE
PUBLIC WORKS

TIME: 2:02pm

DATE: 4-24-08

NO.	CONTRACTOR'S NAME	BID AMOUNT	COMMERCIAL RANKING
1.	Temptrol A/C	See	attached
2.	Air Doctor	See	attached
3.	Linc Service		
4.	Signature Air		
5.	South Dade A/C		
6.	Advanced Roofing		
7.	Airmatic		
8.	Ag Air Mechanic	NO Bid	
9.			
10.			

REMARKS

SPECS SENT TO THIRTY-ONE (31) PROSPECTIVE BIDDERS
TOWN REC'D EIGHT (8) RESPONSES (SEVEN (7) BIDS + ONE (1) NO BID RESPONSE)

NOTE: THE ABOVE BID AMOUNTS HAVE NOT BEEN CHECKED, AND BID TOTALS ARE SUBJECT TO CORRECTION AFTER THE BIDS HAVE BEEN COMPLETELY REVIEWED.

THIS IS ONLY A FINANCIAL RANKING OF ALL THE BIDS RECEIVED. THE USING DEPARTMENT IS RESPONSIBLE FOR REVIEWING THE BIDS FOR COMPLIANCE WITH ALL THE BID SPECIFICATIONS PRIOR TO SUBMITTAL OF LETTER OF RECOMMENDATION.

PURCHASING OFFICIAL: _____

WITNESS: Elena Blacketer

DATE: _____

DATE: 4-24-08

TOWN OF DAVIE PROCUREMENT AUTHORIZATION

ACCOUNT NUMBER.	BUDGET ITEM & DESCRIPTION	APPROXIMATE COST
Various accounts of using departments	A.C. Installation, repair, replacement and maintenance	Dependant on using Departments

METHOD OF PROCUREMENT (check the one that applies)

☒ XX Open Competitive Bidding
☐ Piggyback on Contract Number _____
☐ Sole Source
☐ Request for Proposals

SPECIFICATIONS & LIST OF VENDORS MUST BE ATTACHED

Signed _____
Department Head

Have Funds been Reserved N/A - NO ACCOUNT NUMBERS
OR AMOUNTS LISTED.

Date 4/2/08 Signed _____

Signed _____
Town Administrator

VENDOR	<u>BIDS SUBMITTED</u>	COST
<u>AIR DOCTOR</u>	}	
<u>ADVANCED ROOFING</u>		
<u>SIGNATURE AIR</u>		<u>SEE</u>
<u>AIRMATIC CONTROLS</u>		<u>ATTACHED</u>
<u>TEMPYROL A/C, INC.</u>		<u>BID TABULATION</u>
<u>SOUTH DARE AIR</u>		
<u>LINC MECHANICAL</u>		
<u>JAG AIR MECHANICAL</u>		<u>NO BID</u>

Signed _____
Procurement Manager

<u>BID SPECIFICATION COMMITTEE'S RECOMMENDATION</u>		
Vendor		Cost
<u>AIR DOCTOR - PRIMARY</u>	}	<u>PER ATTACHED</u>
<u>ADVANCED ROOFING - SECONDARY</u>		<u>HOURLY RATES</u>

	A	B	C	D	E	F	G	H
1								
2								
3								
4								
5								
6								
7								
8	LABORER-hourly rate		29.00	\$36.00	25.00	\$60.00	65.00	78.00
9	LABORER-overtime rate		43.00	\$54.00	37.50	\$90.00	97.50	117.00
10	JOURNEYMAN-hourly rate	\$65.00	58.00	\$60.00	90.00	\$100.00	85.00	78.00
11	JOURNEYMAN-overtime rate	\$65.00	87.00	\$90.00	135.00	\$150.00	127.50	117.00
12	APPRENTICE-hourly rate		29.00	\$60.00	50.00	\$80.00	65.00	
13	APPRENTICE-overtime rate		43.00	\$60.00	75.00	\$120.00	97.50	
14	MASTER-hourly rate	\$65.00	58.00	\$60.00	110.00	\$120.00	125.00	
15	MASTER-overtime rate	\$65.00	87.00	\$135.00	165.00	\$240.00	187.50	

Request for Taxpayer
Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)
AIR DOCTOR INC.

Business name, if different from above

Check appropriate box: ☐ Individual/ Sole proprietor ☒ Corporation ☐ Partnership ☐ Other ☐ Exempt from backup withholding

Address (number, street, and apt. or suite no.)
8302 NW 73 TER.

City, state, and ZIP code
TAMARAC FLORIDA 33321

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
141627769

or

Employer identification number
650855047

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person **[Signature]** Date **4/22/08**

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct for you, are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States; or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

I, DARREN DORAN, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: AIR DOCTOR INC

Address: 8302 NW 73 TER

TAMARAC, FL 33321

FEIN 65-0855047

State and date of incorporation FL

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>DARREN DORAN</u>	<u>17579 48th CT LOVINGHATCHEE FL</u>	<u>50</u> %
<u>MICHAEL CASSELLS</u>	<u>8302 NW 73 TER TAMARAC FL</u>	<u>50</u> %
		%
		%

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address

By: Ren Alva
Signature of Aff

Date: 7/22/08

DARREN DORAN
Print Name

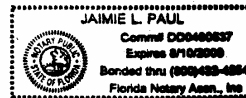
SUBSCRIBED AND SWORN TO or affirmed before me this 22 day of
April 2008, by Darren Doran, he/she is
personally known to me or has presented _____ as
identification.

Jaimie L Paul
Notary Public, State of Florida at Large

Jaimie L Paul
Print or Stamp of Notary

Serial Number _____

My Commission Expires: _____



Request for Taxpayer
Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2	Name (as shown on your income tax return) Advanced Roofing, Inc.	
	Business name, if different from above	
	Check appropriate box <input type="checkbox"/> Individual/ Sole proprietor <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	<input type="checkbox"/> Exempt from backup withholding	
	Address (number, street, and apt. or suite no.) 1950 NW 22nd Street	
City, state, and ZIP code Ft. Lauderdale, FL 33311		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the amount is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number	
5	912436405911
or	
Employer identification number	

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
 - I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
 - I am a U.S. person (including a U.S. resident alien).
- Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here Signature of U.S. person ▶  **Robert P. Kornahrens, President**

Date ▶ 4/24/08

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity.

I, Daniel Stokes, being first duly sworn state that:
The full legal name and business address of the person(s) or entity contracting with the
Town of Davie ("Town") are as follows (Post Office addresses are not acceptable):

Name of Individual, Firm, or Organization: Advanced Roofing, Inc.
Address: 1950 NW 22nd Street
Ft. Lauderdale, FL 33311
FEIN 59-2360591
State and date of incorporation Florida, 1983

OWNERSHIP DISCLOSURE AFFIDAVIT

1. If the contract or business transaction is with a corporation, the full legal name and business address shall be provided for each officer and director and each stockholder who directly or indirectly holds five percent (5%) or more of the corporation's stock. If the contract or business transaction is with a trust, the full name and address shall be provided for each trustee and each beneficiary. All such names and address are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address	Ownership
<u>Robert P. Komahrens</u>	<u>1950 NW 22nd Street, Ft. Lauderdale, FL 33311</u>	<u>50 %</u>
<u>Deborah Komahrens</u>	<u>1950 NW 22nd Street, Ft. Lauderdale, FL 33311</u>	<u>50 %</u>
_____	_____	_____ %
_____	_____	_____ %

2. The full legal names and business addresses of any other individual (other than subcontractors, materialmen, suppliers, laborers, and lenders) who have, or will have, any legal, equitable, or beneficial interest in the contract or business transaction with the Town are as follows (Post Office addresses are not acceptable):

Full Legal Name	Address
<u>N/A</u>	_____
_____	_____
_____	_____
_____	_____

By: DP
Signature of Affiant

Date 4/24/08

Daniel Stokes
Print Name


SUBSCRIBED AND SWORN TO or affirmed before me this 24 day of
April 2008, by Daniel Stokes he/she is
personally known to me or has presented _____ as
identification.


Tomara Marcene Martin
Notary Public, State of Florida at Large
TOMARA MARCENE MARTIN
MY COMMISSION # DD719578
Print or Stamp of Notary
EXPIRES September 27, 2011
(407) 336-0153 FloridaNotaryService.com

DD719578

Serial Number

My Commission Expires : 9/27/2011

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Previous on List	Next on List	Return To List			
No Events	No Name History	<input type="text" value="Entity Name"/>			
Detail by Entity Name					
Florida Profit Corporation					
AIR DOCTOR, INC.					
Filing Information					
Document Number	P98000004894				
FEI Number	650855047				
Date Filed	01/15/1998				
State	FL				
Status	ACTIVE				
Principal Address					
8302 NW 73RD TERRACE TAMARAC FL 33321 Changed 03/11/1999					
Mailing Address					
8302 NW 73RD TERRACE TAMARAC FL 33321 Changed 03/11/1999					
Registered Agent Name & Address					
DORAN, DARREN 17578 48TH COURT NORTH LOXAHATCHEE FL 33470 Address Changed: 04/27/2005					
Officer/Director Detail					
Name & Address					
Title VS					
DORAN, DARREN 17578 48TH COURT NORTH LOXAHATCHEE FL 33470					
Title PT					
CASSELLS, MICHAEL J					

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Detail by Entity Name

Florida Profit Corporation
ADVANCED ROOFING, INC.

Filing Information

Document Number	G65116
FEI Number	592360591
Date Filed	10/08/1983
State	FL
Status	ACTIVE
Last Event	MERGER
Event Date Filed	06/28/2001
Event Effective Date	NONE

Principal Address
1950 NW 22 STREET
FORT LAUDERDALE FL 33311
Changed 02/12/2003

Mailing Address
1950 NW 22 STREET
FORT LAUDERDALE FL 33311
Changed 02/12/2003

Registered Agent Name & Address
COHEN, MICHAEL J
1950 NW 22 STREET
FORT LAUDERDALE FL 33311 US
Name Changed: 02/08/2007
Address Changed: 02/12/2003

Officer/Director Detail

Name & Address
Title PDST
KORNAHRENS, ROBERT